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November 2020

**Cannabis in Our Communities  
What We Heard Report**



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**PAUKTUUTIT**  
INUIT WOMEN OF CANADA

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# Executive Summary

## Project Background

Given the recent legalization of cannabis, assumptions may be made about health and safety around its use. As such, it is essential to have the facts to make informed decisions. Scientists do not yet know all the effects (good, bad or otherwise) that cannabis has on our minds and bodies. However, we *do know* that using cannabis when young or during pregnancy can be risky, as it can interfere with brain development and the growth of the fetus.

With the *Cannabis in Our Communities: A Focus on Inuit Youth and Maternal Health and Well-being (Cannabis in Our Communities)* project, Pauktuutit is responding to Inuit need for accurate, useful, and relatable information about cannabis and its use, as well as creating a baseline of the cannabis knowledge, attitudes and behaviours of Inuit youth (18-29) and new and expectant parents. The overall goal of the *Cannabis in Our Communities* project is to reduce the possible harms associated with cannabis by informing Inuit of these harms, thereby promoting the health of Inuit youth and pregnant women. The project focuses on increasing awareness and reducing stigma through a harm reduction approach rather than abstinence.



### Our Objective

We used a holistic, gender and trauma-informed, strength-based approach—characteristic of Inuit—to complete the first phase of this research project and meet the following objective:

To engage with expecting or young Inuit parents and Inuit youth through focus groups, online surveys and interviews across Inuit Nunangat and urban centres. This will help us find out what gaps in knowledge and resources Pauktuutit can help fill while building on best practices already taking place.

## Engagement Overview

During the research phase of this project (January – November 2020), we sought to engage Inuit women (pregnant or in child-bearing years) and their partners, as well as youth and young adults (18-29 years) to assess cannabis knowledge, attitudes and behaviours in Inuit communities and urban centres. We engaged participants through a network of Community Champions, and ran focus groups, one-on-one interviews and an online survey. In the first stage of engagement, we focused on Rankin Inlet, Cambridge Bay, Pangnirtung, Ottawa and St. John's. In the next stage we sought to get greater geographic representation by targeting participants located in the Inuvialuit Settlement Region, Nunavik Region, Qikiqtaaluk/Baffin Region, Edmonton and Montreal. We worked with Argyle and Okpik Consulting during this phase.

# Methodology

We know that talking about cannabis, especially as a young person or pregnant woman, is a sensitive subject. As such, throughout the research phase of this project, we wanted to offer a variety of options to make people feel comfortable and safe. First, we conducted an environmental scan, to understand existing resources within Inuit Nunangat. This informed the direction for the online survey and the focus groups that occurred prior to the COVID-19 pandemic. As a result of the travel restrictions imposed to prevent the spread of the virus, we cancelled the remaining focus groups and shifted to gathering information through telephone interviews. Teleconference focus groups were offered, but only one participant indicated interest.

During the second stage, we cultivated a group of Community Champions (or identified community leaders and/or community health representatives) who were already well connected with the target populations to inform the promotions plan, engagement materials and interview questions and tactics. Finally, we offered a variety of ways for participants to connect, including an online survey, focus groups and individual interviews (with translation available). The following table shows the major project milestones.

Project Milestones in 2020	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Environmental Scan											
Focus Groups (February 17 – March 12, 2020)											
COVID Travel Restrictions (March 2020-TBD)											
Online Survey (April 03 – April 22, 2020)											
Community Champion Pre-Engagement (August 11-24, 2020)											
Communication & Promotions (September 1-October 30, 2020)											
Pivot to One-on-One Interviews (July – November 2020)											

## Target audience

We looked to engage with people who met the following demographic specifications:

- ✓ Inuit women (pregnant or in child-bearing years) and their partners\*
- ✓ Inuit youth and young adults (18-29 years)

For geographic representation, we targeted the following locations:

- ✓ Rankin Inlet
- ✓ Cambridge Bay
- ✓ Ottawa
- ✓ St. John's
- ✓ Pangnirtung+
- ✓ Inuvialuit Settlement Region
- ✓ Nunavik Region
- ✓ Edmonton
- ✓ Montreal
- ✓ Qikiqtaaluk/Baffin Region

*\*We interviewed parents who were not Inuit but who had adopted Inuit children, married into an Inuit household and/or had deep connections within an Inuit community in recognition of the Inuit norms and to allow for greater participation in the research.*

*+Due to a lack of willing participants in Pangnirtung with the move from in-person focus groups to telephone interviews, recruitment was expanded throughout Qikiqtaaluk.*

## Environmental Scan

Before engaging with the community, we conducted an environmental scan, with a focus on the following question: what cannabis resources exist in and outside of Inuit Nunangat and does the information target Inuit?

The team reviewed print/online resources, educational curricula and community-based support services in Canada. Sources for the environmental scan were retrieved from the Pauktuutit project team, Google search and interviews with key stakeholders.

Insights and opportunities emerged from the key stakeholder and e-scan findings that can be useful as Pauktuutit approaches the development of cannabis resources. These are categorized by audience, placement and content.

### Audience

The majority of cannabis resources are geared to a general audience. There is an opportunity to provide cannabis information directly to Inuit youth, parents, pregnant couples and Elders.

### Placement

There is no central location for Inuit to access cannabis resources and support services. A rapidly growing body of resources is being created across Inuit Nunangat and southern Canada; however, it is difficult to update across many locations. An easily accessible website repository of Inuit specific and

relevant downloadable PDFs, infographics and links to relevant organizations—which can be found with a simple Google search—would benefit Inuit.

The lack of awareness of Inuit specific resources can lead to underutilization. Active promotion and sharing new cannabis resources to Inuit across Canada, in a manner that is regionally relevant, is an opportunity to be considered. Social media and local radio are commonly used by Inuit in the north, while social media is most common in urban centres.

There are opportunities for community-based distribution of messaging through community groups – many of whom are not currently messaging about cannabis – such as youth groups, Canadian Prenatal Nutrition Programs, etc. Support services within health centres and wellness programs within communities are paramount to sustainable, meaningful support.

## Content

While there is limited information on cannabis that targets Inuit, there are many resources available which could be easily adapted to an Inuit audience. In some cases, this may mean updating language or imagery using Inuit values and principles to be more reflective of Inuit communities, and in other cases it may simply mean distributing existing materials.

Many of the cannabis resources are text-heavy and use language that is difficult to translate. Jurisdictions had little time to prepare for the legalization of cannabis, so the development of resources was likely rushed. Pauktuutit can take the time to connect with the target audiences to co-create resources that will engage and inform those who have knowledge gaps.

Although there is content that is trauma-informed and focused on harm reduction, there is an opportunity to put greater emphasis on these approaches. The majority of resources were either abstinence based or completely neutral.

Most resources contained general information about cannabis, so there is an opportunity to develop content that has greater relevance for a targeted population. Potential topics could include: breastfeeding and cannabis; benefits of cannabis; and the strains of cannabis and their effects.

## Online Survey

The online survey, which ran April 3 - 22, 2020, was promoted through paid Facebook ads to urban centres and Inuit Nunangat. The survey was hosted on the Survey Gizmo platform (now known as Alchemer) and was available in English and Inuktitut (North Baffin dialect). The survey was developed using the information gathered from the environmental scan. The questions were created to gather information about what Inuit already know, think or do about cannabis (also known as weed, pot and marijuana), what they want to know and what resources are available in their communities (see Appendix 1 for Online survey). Since cannabis can be a difficult subject, we did not ask questions about participant's own cannabis behaviours. Instead, we asked about what they see happening in their community (in Inuit Nunangat or the urban centres where Inuit live).



## Focus Groups

The original plan was to complete two focus groups in each target location. One group for youth 18-29 and the other for new and expecting parents. The focus groups were promoted using posters that were posted in high visibility locations like the local grocery store and on Facebook. To ensure a safe environment and confidentiality, consent and privacy protocols were in place and a counsellor attended each focus group (see Appendix 3 for Consent form). Each focus group had at least one facilitator, one notetaker and an interpreter.

Information was collected exclusively by handwritten or typed notes rather than an audio recording. A discussion guide led the group. The questions closely mirrored what was included in the <sup>1</sup>online survey and did not include questions about personal cannabis use.

## Community Champion Pre-Engagement

As part of our approach, we initiated an engagement process with Community Champions for the second stage of the research. The purpose of the engagement was to connect with Community Champions (Champions) who then informed the promotions plan, engagement materials and interview questions and tactics for the second stage. By connecting with these Champions, we were able to develop a network within Inuit communities that could assist with community specific promotions to recruit research participants for interviews and for sustaining relationships with communities regarding this project.

We identified Champions who are both well-connected and knowledgeable about youth and pregnant women and partners. We made a list of people from our networks, online searches and community-specific Facebook pages and then we contacted them by email, phone and direct messaging on Facebook and LinkedIn for interviews.

We interviewed a total of six Champions, receiving the most feedback from Edmonton, with three interviews representing that location. One interview was completed for each of the other locations for stage two—Montreal, Inuvialuit Settlement Region and Nunavik Region. We received varying information depending on the Champion's location.

### Edmonton

In Edmonton, all the champions indicated the best way to reach youth within the community is through social media. Generally, Facebook was the recommended social platform, though Instagram, TikTok and Snapchat are gaining popularity with Inuit youth. To specifically reach pregnant women and their partners, Champions recommended focusing on advertising at medical centres, recreation centres and different agencies that support pregnant women. The Edmonton-specific Champions stated that a focus group via a platform like Zoom might be difficult to cultivate, as people are increasingly busy with online engagements and internet access and connectivity are sometimes an issue. All Champions suggested that connecting by phone would be a better option.

### Montreal

Like Edmonton, Facebook is the best way to reach youth within the Inuit community in Montreal. However, Facebook posts alone might not get as much attention, so the Champions here suggested

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<sup>11</sup> (Collings, 2000)

running a contest or advertising a prize, such as a gift card, to incentivize people to refer participants for interviews. In addition, many people in the community get information from the radio. Taqramiut Nipingat Inc (TNI) Radio is common in Montreal and other stations like CNI or Olik are connected to the Inuit community. One-on-one conversations over the phone were recommended over an online focus group.

## Inuvialuit Settlement Region

In the Inuvialuit Settlement Region, email recruiting was the suggested channel for reaching youth. To reach pregnant women, the Champion in this region directed us to speak with individuals more deeply connected to pregnant women. Other options suggested for recruiting participants were reaching out through community-specific health centres and CBC (Canadian Broadcasting Corporation) radio. The Champion in this region also mentioned that the Inuvialuit Regional Corporation (IRC) is a useful resource for further information.

## Nunavik Region

In the Nunavik region, there are 14 communities which are not connected by road, so Facebook is the best way to reach people as each community has a page. Other communication channels include CBC radio. To reach younger demographics, it was suggested to promote opportunities to engage at schools. There are also municipal governments, referred to as Nunavik Village or “NV”, which hosts the radio station and TV cable. An effective way to reach pregnant women may be through posters displayed in locations where they would frequent. Examples include the grocery store—Co-op—which is where people pick up their pay cheques or in hospitals and health centres. Each community has a nursing station and community health nurses have a good reach with the school age population. The Champion in this region suggested using Zoom with cameras off to have conversations with the participants—bandwidth is an issue.

### Summary of pre-engagement results

Overall, the pre-engagement helped us to update our approach. We learned or confirmed the following:

- Social media is the best platform to reach youth within the locations, especially via Facebook
- Offering a prize or incentive is an effective way to increase participation
- To reach pregnant women, it is important to advertise at community locations, like medical, health and recreation centres, that support pregnant women
- To reach young people, it is important to reach schools\*
- Radio and email are effective modes of promotion in certain regions
- Phone conversations are preferred to virtual focus groups that use online platforms

*\*This research was limited to those 18 years and older, so we did not reach out to schools.*



## Communications and Promotions

The focus of this campaign was to recruit participants to take part in Pauktuutit's engagement around cannabis. Recruitment took place largely through the coordination of private interviews with candidates who met the eligibility requirements of the engagement.

To promote engagement opportunities, we developed social media posts (both paid and organic) as well as posters to put up in target community organizations (such as health centres). We used Facebook to serve our ads to a tightly focused audience. Facebook was chosen based on its widespread use throughout Inuit communities and historical success in supporting public health initiatives. The digital promotion for the campaign included video and images for Facebook with translated text. Due to the limited size and specific nature of this campaign audience, targeting was focused on generating quality leads for prospective interview candidates. This campaign was optimized to drive responses via direct message and worked in tandem with a [project landing page](#) on the Pauktuutit website (see Appendix 5).



We developed a [Community Champion toolkit](#), which encouraged Champions to spread the word by printing posters and using pre-designed social media content on their channels. We also included a downloadable radio script for Champions to make announcements on their local radio stations.

The table below includes an overview of reach, engagement and outcomes from the promotional activities for the second stage of the interviews.

Reach	Engagement	Outcomes
<ul style="list-style-type: none"> <li>17 Facebook community pages with our campaign material</li> <li>28 social media packages distributed</li> <li>6 Community Champion organizations with campaign material on their website</li> <li>67 organic posts</li> <li>19 paid posts</li> </ul>	<ul style="list-style-type: none"> <li>69 video views on YouTube</li> <li>822 video views on Facebook</li> <li>661 clicks to page from Facebook ads</li> <li>16 downloads of the social media package from the Pauktuutit website</li> <li>30 Shares of campaign material</li> </ul>	<ul style="list-style-type: none"> <li>74 people answered the call</li> <li>27 people mistakenly pushed the 'Direct Message' button on Facebook</li> <li>34 people provided contact info and contacted</li> <li>28 people who qualified</li> <li>15 people interviewed</li> </ul>

## Summary of communication and promotion results

Overall, the communication and promotion tactics recruited participants for interviews. We learned the following:

- Facebook ads are a cost-effective way to reach and engage with this very specific audience of participants.
- While the use of Facebook Messenger was challenging for some, the tactic ultimately yielded positive results and succeeded in streamlining the candidate application process on Facebook.
- Facebook remains one of the best platforms for serving video content to target audiences as revealed through comparisons with YouTube and website-embedded content.
- Posting the project material as a package on the Pauktuutit website made it easy for interview participants and Champions to get more information about the project.

## One-on-One Interviews

During the second stage of the research, we shifted to a one-on-one interview format. The target locations included; Inuvialuit Settlement Region, Edmonton, Nunavik Region and Montreal. As well, some locations for the Qikiqtaaluk/Baffin Region, Ottawa and St. John's were carried forward from the first stage. Potential participants were primarily recruited through Facebook ads. The call-to-action information on each ad that directed participants to indicate their interest by phone, text, email or direct message within Facebook. Our main interviewer, an Inuk female of national prominence, was featured in the ads along with her contact information. The coordination for contacting interested participants included going through Facebook Messenger, LinkedIn, email, text and phone. Before scheduling an interview, each participant completed a pre-screening questionnaire, found in Appendix 2, which established their eligibility. In addition, a consent form was provided for review, found in Appendix 3. They were given the opportunity to sign and send the consent form prior to the interview or provide consent verbally during the interview. A list of regionally specific mental health supports was provided for participants who felt they may need someone to talk with after the interview. For most of the interviews there was a facilitator and a note taker, though there were a few occasions when one person was required to take on both roles. Interviews were scheduled for 30 minutes. Depending on the preference of the participant, it was either through a teleconference platform or a three-way call where the participant's phone number was dialed directly. The facilitators led the discussion using the interview guide, found in Appendix 4.

## What We Heard

We engaged with our target audience in a few different ways; an online survey, focus groups and one-on-one interviews. In total, we engaged with 496 Inuit to understand what they know about cannabis and if there are resources available in their communities. Of this total, 442 participated in the online survey, 28 participated in focus groups and 26 participated in one-on-one interviews by phone. The map below shows the regions that participants were from and the percentages of people from the area.



The purpose of all engagement activities was to generate information that will inform the creation of cannabis resources tailored specifically to the various Inuit communities and regions and create a baseline of the cannabis knowledge, attitudes and behaviours of Inuit youth (18-29) and new and expectant parents, since this data did not previously exist. The sections below outline what we heard.

## Online Survey

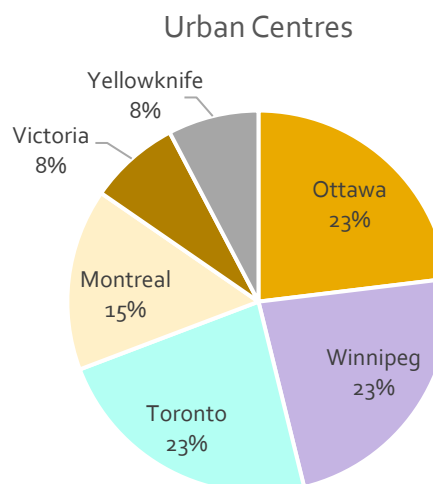
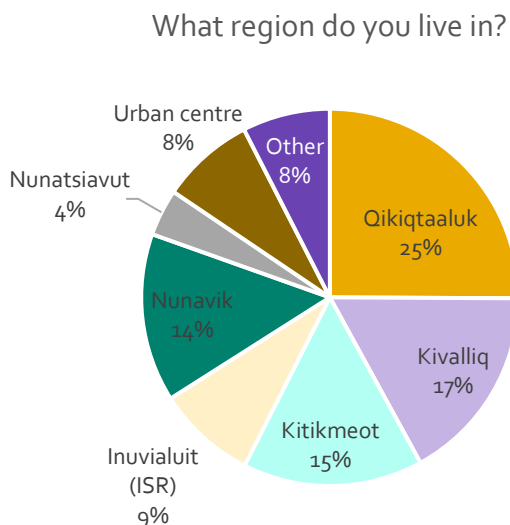
The online survey ran from April 3 - 22, 2020, and was available in English and Inuktitut. Questions were created to gather information about what Inuit already know about cannabis (also known as weed, pot and marijuana), what they want to know and what resources are available in their communities. Since cannabis can be a difficult subject, we did not ask questions about their own cannabis behaviours. Instead, we asked about what they see happening in their community (in Inuit Nunangat or the urban centres).

Overall, the survey received 471 responses, with 29 who were not eligible because they did not identify as Inuit, 243 were partially completed and 199 were fully completed. Questions were both multiple choice and open-ended. All open-ended responses were organized and coded into themes within an Excel document. At the end of the survey participants had the opportunity to enter their name to win a \$25 VISA gift card. We randomly selected 25 people to receive a gift card that was sent to their physical mailing address.

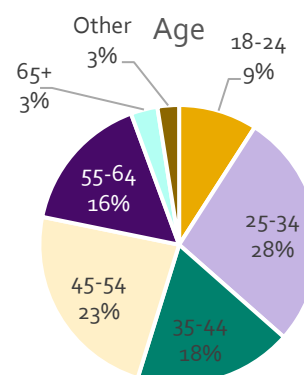
The survey contained four main sections, as listed in the headers below, with an additional short section on demographics. The detailed results of the survey are available through the Pauktuutit project team.

## Demographics

To understand the demographics of survey respondents, we asked participants where they live, their age, gender, whether they have children and whether they identify as Inuit. Most respondents, 25%, were from the Qikiqtaaluk/Baffin Region of Nunavut. The next most frequently occurring regions included Kivalliq (16.9%) and Kitikmeot (15.4%), also in Nunavut. Only 8% of respondents (or 16 respondents) indicated that they live in an urban centre.



The age breakdown of respondents is shown in the age chart. About 28% of respondents were ages 25 to 34, making them the largest age demographic of participants in the survey. It is important to note that 79% of the respondents were female and 83.5% of respondents said that they have children. A vast majority of respondents, 91.3%, identify as Inuit.



## Cannabis use in your community

In this section of the survey, we posed a series of questions related to community use of cannabis, including how common it is, whether cannabis usage has changed over time, at what age people try cannabis, and their main reasons for using cannabis.

Most people (96.6%) stated that people in their community use cannabis. Almost 92% of respondents reported that cannabis use is either common or very common in their community. Only 2.2 % said it was uncommon or very uncommon and 6% stated they did not know.

When asked if cannabis use has changed over time, 70% of respondents stated that cannabis use is becoming more common, 4.6% stated it is becoming less common and 22.8% said they did not know. According to 52.3% of respondents, the age at which people first try cannabis is in their teens, from 13 -

19 years old. An additional 30.6% indicated that the age that most people try cannabis is even younger, at age 12 or below.

When asked the main reason people their age use cannabis, 31.2% of respondents said that people their age use cannabis for fun or for something to do. Another 27% say it is to cope or forget. When looking at respondents under the age of 35, there were 29.8% whose main reason was wanting to forget while 42.9% were wanting to cope. The next reason is to relax, with 22.4% of respondents choosing this option. It is important to note that the majority of respondents (56%) for this answer identified as 35 and under. The remaining 17.2% say it is because their friends are doing it, with 51.2% of these respondents being 35 years old or younger. The word cloud represents the most common words or short phrases that describe the reasons for cannabis use by respondents.



When responding to the question, how do you think people in your community get cannabis, 43.8% of respondents think people get cannabis by purchasing it from someone in the community while 24.4% believe they get it mailed from someone outside the community. Another 17% think people get cannabis from a government website and 12.6% from a non-government website.

When asked if people use cannabis and alcohol or other drugs at the same time, the majority of respondents (66.4%) said yes, 15.7% said sometimes, 3.7% said no and 14.2% said they did not know.

### Attitudes and behaviours towards cannabis

The next section of the survey assessed attitudes and perceptions towards cannabis. Of total respondents, 47.6% believe that cannabis has both benefits and can cause harm. About 12% think it causes harm only and 16.3% think it only has benefits.

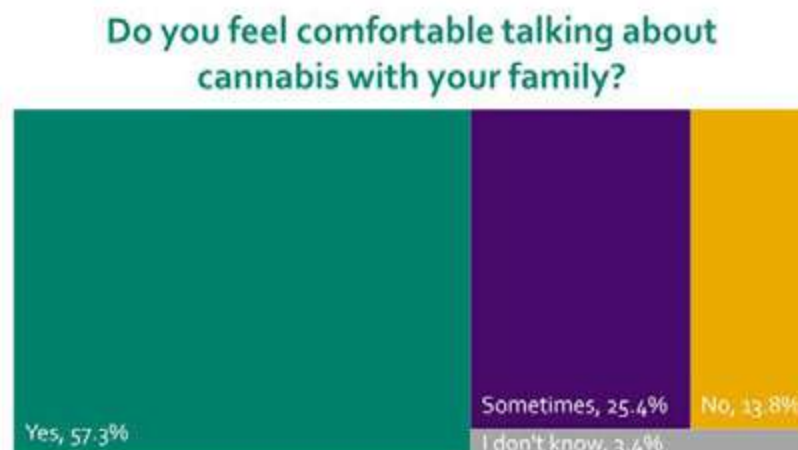
In assessing the harms of cannabis, 30.5% believe that one of the harms of cannabis is cognitive impairment. Other segments of the respondent group believe violence, negative impacts on the family and financial impacts are all harms of cannabis, with 17.2% for each response. In assessing the benefits of cannabis, 54.4% of the respondents stated that stress relief is a benefit of cannabis. Another 43.5% say there are medical benefits such as helping with pain, nausea and arthritis.

#### Do you feel comfortable talking about cannabis with your friends?



In assessing their levels of comfort talking about cannabis, 65.2% of respondents are comfortable talking about cannabis with their friends while 18% say they are sometimes comfortable and only 12% say they are not comfortable. Most people under 35 (69%) and people 36 and over (61.3%) are comfortable discussing cannabis with their friends.

When it comes to family, a slightly lower percentage (57.3%) are comfortable speaking about cannabis. Another 25.4% state that they are sometimes comfortable speaking to their family about cannabis and 13.8% are not comfortable speaking to their families about cannabis usage. The older age demographic is more comfortable speaking to their families about cannabis than the 35 and younger age group.



When it comes to community, 50.2% of respondents are comfortable speaking about cannabis within their community, 30.7% stated they are sometimes comfortable and 14.3% are not comfortable. The 35 or younger age demographic appears to be more comfortable talking about cannabis with their peers than their families and communities.

When asked if attitudes about cannabis have changed over time, respondents were divided, with half saying "no" while the other half said "yes." Exactly 31.1% state that there is less stigma surrounding cannabis now, while another 30.1% state that legalization has changed attitudes about cannabis. Over half of the respondents' state that they are comfortable talking to a healthcare worker about their cannabis use and only 16.6% are uncomfortable.

### Current level of supports

This section of the survey determined how communities get information about cannabis, and the kinds of resources that exist and are made available. When asked where people in your community get information about cannabis, most people (51.9%) said that they get their information about cannabis from the internet or social media (respondents were able to select more than one response to this question). Another 42.6% stated that they get information from community health workers, 36.1% get information from their friends, 25% from school and 21.8% from family or Elders. The majority of respondents aged 35 or younger (61.9%) receive their information from the internet or social media, and 45.5% of people aged 36 and older also receive their information from the internet or social media.

When asked about resources in their communities, 60.2% of respondents are unaware of resources and services in their community for people who want more information about being safe when it comes to cannabis. Most notable is the Nunavik region, where 78.6% of respondents are not aware of any resources and services available. When asked why there is a lack of resources available, 31.3% stated that there is a lack of resources and services because of funding difficulties and another 25.2% stated that there is a fear or unwillingness to participate in research. In relation to resources for pregnant women, the majority of respondents, 53.5%, do not know if there are programs or resources for pregnant women, their partners and their families, while 33.5% say there are not any. For the people who stated that there are resources available for pregnant women and their partners most indicated that resources are available at health centres or medical clinics.



In assessing the use of available resources, 60.5% of people do not know if people in their community use the resources and services available to them. Only 27.9% of people believe the supports are culturally appropriate and 78.2% of respondents believe that there is a need for education in their community.

In assessing perceptions around cannabis use for pregnant and breastfeeding women, 68.2% of respondents say that cannabis is not considered safe for pregnant women, while 24.9% say they do not know. Along similar lines, 69.4% say that it is not safe for breastfeeding moms to use cannabis. Only a small percentage of respondents -- 6% of respondents aged 35 and younger believe it is sometimes safe for pregnant women to use cannabis and 4.5% of the 36 and older group. Similarly, only 7.1% of people aged 35 and younger believe it is sometimes safe for breastfeeding moms to use cannabis.

## Information needs in your community

When asked how cannabis education in their community could be improved, the top three responses were:

- 17.4% stated that education and better understanding of pros and cons would be valuable
- 13% say that more signs, posters and pamphlets would improve education
- 13% say that community involvement and presentations or meetings would help

The next most popular responses included educating through radio shows, utilizing social media and online ads and targeting youth specifically. In assessing who should be involved in cannabis education, 37% of respondents stated that medical staff should be involved in cannabis education, while another 26.6% say that teachers and schools play a significant role. Another 21.7% believe that everyone in the community should be involved in cannabis education.

## Focus Groups

We ran four in-person focus groups in total. Two were in Rankin Inlet on February 17, 2020 and two were in Cambridge Bay between March 11 and 12, 2020. The Rankin Inlet and Cambridge Bay focus groups were separated into one parental and one youth focus group. Each group had an interpreter, counsellor and two facilitators. There was a quick turnaround between the promotions of the focus groups and the execution which was reflected in the modest participant numbers for the Rankin Inlet focus groups. Focus groups were scheduled for Pangnirtung on March 17 and 18, 2020, and Ottawa on March 21, 2020, however Pauktuutit cancelled them due to the COVID-19 pandemic. There was a total of 28 focus group participants from Rankin Inlet and Cambridge Bay.

### Cambridge Bay

#### *Parental Focus Group*

Seven young mothers participated in the prenatal focus groups, along with an interpreter and three available facilitators. With children spread out and playing, we broke off into smaller groups for discussions. Participants said that in their community, cannabis use is persistent and common, and is often used daily. The young mothers in this group said that mostly teenagers use cannabis, however kids from 11 to 14 are also using. Some youth even use cannabis with their parents. There are also a handful of Elders and seniors who use cannabis for arthritis. This group perceived equal use across genders.

They indicated that there is a lot of substance use for reasons such as trying to fit in or that it was normalized after having seen their parents use it. People in the community use cannabis in a variety of ways, including dabbing, shatter or oils as well as smoking. Most people use cannabis recreationally or to fit in. Youth specifically have normalized cannabis use, as many see their parents and friends using cannabis and thus are encouraged to try it as well.

Since legalization, many people order their cannabis online. However, there are still individuals who buy online and sell it in the community for a higher profit. This normalization of cannabis has led to more smoking in public and increased use in general. When asked about the benefits of cannabis, most people stated that cannabis is helpful in managing arthritis pain and others said the benefit was for the individual's own pleasure. Although some Elders and seniors use cannabis for their arthritis, many do not approve of cannabis. When asked if cannabis was commonly used with other substances, the focus group said that it is often mixed with alcohol, but not with other drugs. According to this group, people in the community do not outwardly discuss the health effects of cannabis and many people would prefer cannabis use over alcohol use.

*"I prefer my partner smoking pot than using alcohol because he has a better mood."*

Focus group participants said that health centres provide resources on quitting and midwives talk about the risks of cannabis usage in pregnancy, but ultimately, it is an individual decision to quit or not. They said that they need more information in their communities about what addiction looks like and about harm reduction approaches. The most helpful resource would be guidelines on safe use. In the community, some people think cannabis is safer to use while pregnant or breastfeeding than alcohol. There are currently no cannabis resources available for pregnant or breastfeeding moms, but the group said there should be.

### *Youth Focus Group*

In the youth focus group, we had 14 participants in total, including four female and ten male participants, with one youth social worker in attendance. Participants said that cannabis use is common among their peers, especially when going to friends' houses and smoking until they fall asleep. Since more people are smoking, it is common to smell cannabis at all times of the day around the community.

When asked what age group uses cannabis, the response varied. The participants stated that mostly young adults use cannabis, estimating that ages 17 to 24 are the most common demographic. They also pointed out that more younger people are trying it, with more youth starting at younger ages (even between 8 to 12) with some indicating that they first tried cannabis around this age. Others suggested that the age range is higher and suggested that ages 15 to 35 use cannabis. They also stated that older people use it for pain (for example, Elders and seniors using edibles), whereas younger people smoke it.

Within this group, the male participants believed that males use cannabis more than females with the females in the group disagreeing and instead saying that both genders have similar usage. When asked why people try cannabis, a multitude of responses were given including:

- Peer Pressure and to look cool
- Stress
- Depression or anxiety
- Curiosity

People access cannabis in a variety of ways as well. Despite legalization, most people still get it through unlicensed sellers and friends who either mail it or bring it back to the community. Since legalization, the cost of cannabis has decreased significantly, with one person stating the change went from \$40 per gram to \$20 per gram. Since it is more visible, more young people are using cannabis.

When asked about harms and benefits of cannabis there were a lot of differing beliefs amongst participants. One consistent harm put forward by the group is the effect cannabis has on short-term memory loss.

There were far more benefits discussed including:

- Anger and stress management
- Enhanced memory or focus
- Health benefits, such as treating arthritis, pain, cancer, seizures
- Social benefits, such as making people laugh and curing boredom

For this group of youth, the opinions of their Elders had a significant impact. When we asked what Elders think of cannabis, participants spoke about the loss of their culture as cannabis was not part of their traditions. Elders get emotional about this topic and want youth to learn more about their culture instead of smoking. This made the youth feel like they let down their Elders and they feel emotional about losing their culture.

In terms of cannabis usage mixed with other substances, they discussed mixing cannabis with tobacco and alcohol. They also discussed methods of consumption which included using bongs or rolling papers. They also mentioned the use of “shatter,” which they state is more addictive. Although the use of shatter appears to be more common, the participants of this group say shatter changes people and their appearances, and that people are less inclined to use it because of bad experiences. One participant told a story of someone in Kugluktuk going to the hospital after using shatter and that is why they do not use it in Cambridge Bay.

Overall, people speak about cannabis in terms of quality, price and how to access it, but less about the health effects. The participants have not heard much about programs or media that focus on responsible use and say that if they wanted more information, they would go to a health centre or use Google. The topics they would most like to know about include:

- Health effects
- Legalization background
- Safe use

For the delivery of effective messaging, the most common suggestion was through online channels including:

- Facebook
- Instagram
- Snapchat
- Twitter
- Chatterbox

**Shatter** is a concentrated cannabis product that is extracted from butane hash oil. It has high levels of the cannabis chemical THC, which cause the high. It looks like glass. It is heated and the vapours are inhaled.

## Rankin Inlet

The parental focus group in Rankin Inlet was comprised of seven women over the age of 40. They stated that cannabis use is common and some people said that their children use it. The reason they use is varied, with some saying that kids are influenced by others in their houses or peer pressure. Others cited pain management as a reason to use cannabis, for example, for older people who have arthritis. Aside from physical health, there was reference to mental health and that cannabis helps to move someone out of depression and to cope with anger.

Most people access cannabis from unlicensed sellers, by mail or through their friends since there is no place to legally purchase cannabis in Rankin. This group of participants expressed the deep and impactful effects of cannabis on their families. One participant stated that cannabis use affects interactions with her grandchildren as they can tell when she is high.

*"[My] grandkids don't want to see me when I'm high, they know even though they are young, I try not to go there when I'm high."*

Another person expressed that they started using cannabis in the aftermath of losing multiple close family members to cope with their grief.

*"[I] lost [family members in an] accident, then started using."*

In terms of cannabis and pregnant moms, the focus group indicated that some mothers either do not know of health effects or choose not to listen. This is similar for some breastfeeding mothers as they are told not to use cannabis; however, many parents use it anyway.

One major theme that emerged from the discussions with this group is the need for counselling services and other ways to get help. Some of the barriers to counselling include:

- Lack of confidentiality
- Shyness or hesitation
- Consistency (for example, "tried to get help, had to start all over again when they [counsellor] leave [the community]")

Other ways that people would like to access help is through radio shows or ongoing workshops. These parents also expressed that it is important for the curriculum in schools to address cannabis starting from Grade 5. Another support that would be helpful is Narcotics Anonymous, however it is not locally available. Participants highlighted the need for a program like Narcotics Anonymous in their communities and expressed that organizations wanting to help only come to the community once and do not return with the promised help.

In the youth focus group, with only two participants, they said that cannabis use is most common among adults over 18 years old, with the main motivation being a way to get high. They say that most people their age do not talk about cannabis since legalization. They generally access it through their friends or family members, from unlicensed sellers or have it sent to them from the south. The youth in this focus group say that many Inuit use cannabis to try and solve their problems around pain, sexual abuse, bullying and violence.

*"There is a breakdown of culture when using cannabis as it is not fully Inuit and that customs have broken down so now the grandchildren can do whatever they want without cultural grounding."*

They say that they cannot remember being taught about cannabis in schools and that there is not a credible place to go for information if they want it. This group predominantly spoke about shame and fear of judgement, which impacts how they access information. They say that although there is mental health care available, most people are too embarrassed to access it or are hesitant to admit that there is a problem in the first place. To encourage people to seek help, the youth in this focus group say that asking users for suggestions would be helpful. Online resources were not viewed favourably, given the limited internet capacity in the community.

When probed about the ability to heal when there is hesitation in accessing resources, the group stated that it is an issue of forgiveness and that it is about their trauma rather than the drugs.

*"It's not the drugs and alcohol that is the problem, it's our trauma, we deal with that and we can stop using."*

The specific trauma they were referencing was the effect of Residential Schools on their communities. This group also perceived that Nunavut is lagging other jurisdictions in making cannabis information and resources available in their community and felt that people should have been educated about cannabis 20 years ago.

## One-on-One Interviews

We first conducted one-on-one interviews in St. John's and Ottawa to gather thoughts and opinions on cannabis in their communities. We made multiple attempts using a variety of strategies to recruit participants from Pangnirtung, but we were unable to schedule interviews with people from this community. As a result, we expanded our recruitment to the entire Qikiqtaaluk/Baffin Region during the final stage of interviews, and included Inuit living in Edmonton, Montreal, the Inuvialuit Settlement Region and Nunavik. We have consolidated the interviews from both stages of the research into this one section.

### St. John's

We conducted two interviews in St. John's and both participants were in their twenties. Both participants indicated that cannabis use within their community is common with a range of age groups using it from 18 to 40 years old. The age that people first try cannabis ranges from 16 to 20 years old, mainly to experiment. One of the participants noted that usage may be due to intergenerational trauma as people might believe cannabis will make them feel better.

When discussing how to access cannabis, both participants gave slightly different answers, with one indicating that unlicensed sellers are still common, and both mentioned buying it online. They say that not much has changed in the community since cannabis became legal.

When asked about the harms associated with cannabis, they spoke about dependency and addiction, as well as changes in behaviour like laziness. On the other hand, they both spoke about the benefits of using cannabis, primarily to ease anxiety. Both participants also say that their Elders do not approve of cannabis use.

On the topic of mixing cannabis with other substances, both stated that people use alcohol or cocaine.

*"I know some people will mix weed with drugs. One friend referred to it as a freebie when weed is mixed with cocaine in a joint."*

Although cannabis use is common, both respondents indicated that there is not much conversation surrounding the topic aside from discussing the fact that they use it or where to get it. Overall, it appears that the people who use cannabis will speak to others who use cannabis.

We also asked if there are any programs or general information in the community about responsible use of cannabis. Both participants indicated some knowledge of resources like posters or pamphlets, but they did not look closely enough to see all the information. One participant mentioned that they attended college prior to COVID-19 and had seen health guidelines in the lobby of their school, which used fear tactics to get across the message. This person stated that this is not the best way to approach the subject and instead harm reduction and responsible use would be a better message.

*"It was fear mongering; speak to harm reduction instead of fear"*

If these participants had questions on safe cannabis use, they would either contact someone at their university or visit their family doctor. However, the person who said they would see their doctor also expressed concerns of being judged for using cannabis as a mother of two.

*"I know single mothers where the child protection is on their minds [and there is a] fear of retribution if talking to family doctor"*

Although both participants identified that cannabis use is risky to pregnant women, they say that it is less risky than alcohol use. They also suggested that cannabis use while breastfeeding is sometimes safe. Neither had much information regarding the availability of pregnancy resources in St. John's. One suggestion on what supports should be available was that there should be programs made available through different organizations like the Native Friendship Centre. Both participants stated that they would like to know about the pros and cons of cannabis use, as well as how to use it responsibly by knowing information like the proper dosage.

The last question we asked these participants was "what advice would you give your little brother or sister or child about cannabis?". They both stated that they would prefer that they would not use it regularly or too young and that they would educate themselves to be aware of health risks and safety precautions.



## Ottawa

We had the largest representation from Ottawa, with nine interviews completed. Participants ranged in age from 23 to 29 years old. These participants gave a variety of answers for who uses cannabis in the community, ranging from 13 to 60 years old, and many stated that cannabis use is not restricted to one age group. They said that people first tried cannabis young, at around 13 years old, with many starting to use to experiment or due to peer pressure. One person indicated that it may be used as a better way to cope compared to alcohol use.

*"I think a lot of it has to do with the trauma we've seen alcohol put us through and we're looking for a substitute to cope. [I] think a lot of people see it as a safer alternative to alcoholism."*

There are a variety of ways people access cannabis in Ottawa, both legally and illegally, including:

- Unlicensed sellers
- Growing plants
- Cannabis stores
- Online or through apps

Since legalization, most people either stated that not much has changed in their community or that it has become more common. The majority of respondents said that attitudes about cannabis are about the same as it was prior to legalization. When discussing the harms of cannabis use, many people spoke about dependency and cognitive impairment in youth. A few people stated that they do not believe there are any harms, especially when compared to alcohol use.

*"Tough one, because alcohol has ravaged communities, so people might be grateful. But generally, I don't see many people talking about the risks."*

Most participants stated that the major benefits of cannabis use are health related, primarily for anxiety and stress relief or pain management.

The Ottawa participants had strong opinions on what Elders think about cannabis in their community. Although some are not connected with Elders, the ones who are stated that it is generally disliked and Elders are concerned as cannabis is not part of Inuit culture. The people in Ottawa say the Elders do not like the effect of cannabis in the Inuit community.

*"There is one Elder I speak to regularly [who] says there is no reason for [cannabis use]. We didn't have this in our community in the past. She doesn't understand why it is such an important substance for people. Another Elder says we have a community with severe mental health, high suicide rates up North and South and now we are adding marijuana [there is a] negative effect on young people"*

All the participants stated that cannabis is used with other substances. Most people indicated that cannabis use is mixed with alcohol use and some people mentioned cocaine use is also common alongside cannabis.

Since legalization, people in Ottawa do speak about cannabis usually in the context of purchasing and comparing side effects with each other. People's opinions on this vary as one participant said that it is still a "hush hush topic" while others stated that there is no stigma anymore. When asked if there are programs or information which discuss responsible cannabis use, most participants said that there are some resources available. Information is mainly found on posters found in health centres. Overall, participants believed there are some resources available, but not specifically addressing the topic of safe cannabis use, and few were able to recall where they had come across the information they did mention. One participant referenced the Mental Health First Aid (MHFA) Inuit modules which talk about addiction and other mental health barriers.

Most people said that they would access an Inuit organization or health professionals if they needed information on how to use cannabis safely.

When it comes to pregnant women using cannabis, most participants stated that they personally believe that it is risky but that other people in the community would still think it is a safer alternative to alcohol or cigarettes.

*"[I] think people generally understand that it's risky but don't take it that seriously. Have seen it my whole life. Think it's less taboo than smoking cigarettes. Consensus is that marijuana is much safer than drinking. People will look and ostracise someone more if they were drinking rather than smoking weed."*

When it comes to breastfeeding mothers, most people we interviewed were unsure if it is safe or not to use cannabis. Some said that it is unsafe but that some mothers will still use cannabis while breastfeeding.

Most participants stated that there should be cannabis specific information campaigns targeted towards Inuit and it should be easily accessible. One person stated that they liked seeing information at health centres as they are already there for their health and do not necessarily have to directly speak to anyone, which helps people stay anonymous. The information which would be most valuable to these participants would be about responsible use and knowing the harms and benefits, particularly regarding health implications.

The last question we asked these participants was "what advice would you give your little brother or sister, or child about cannabis?" Most of the participants stated that education was the most important aspect of these conversations. They would be open and honest, as well as answer any questions the child has, to ensure that they are using it safely.

*"I always try to be open with their questions. Educate them as much as I can about the effects about benefits and non-benefits. I try to have open conversations with them. Answer their questions."*

Lastly, the general comments that people had at the interview stressed that education would help the community and that everyone from youth to Elders should be involved in the conversation.

## Edmonton

We conducted one interview in Edmonton and the participant was 25 years old. This participant said that she did not personally know anyone who uses cannabis, but in the community that she is from, everyone partakes. She said that the 18 to 40-year-old age group uses equally among genders and that most people first try cannabis at 18 years old or younger. She believed the reason they try it is either due to peer pressure or merely to relax and experiment.

In her community, people access cannabis from a shop or through unlicensed sellers. Since cannabis became legal, the atmosphere has become more relaxed as it became more available and people believe it is the better option compared to alcohol. She suggested that this is also a way for people to cope with past trauma. This is seen as a benefit to the community as it is more relaxing and tamer than alcohol. This participant also is unsure if people discuss the harms of cannabis use in her community. Elders are disapproving of cannabis and are disappointed with those who choose to use it because it is a waste of money. When asked if people discuss cannabis, she stated that she is unsure because she does not have connections with people who use it.

When asked about pregnant and breastfeeding women, this participant indicated that she personally felt that both are risky. Despite this, she said that many people will still use cannabis when they are pregnant or breastfeeding and that people in the community think that it is safer than alcohol use.

*"Some people consider smoking are safer, so any kind of smoking is safer. What can be harmful about a plant? Not sure that it will affect their baby."*

This participant suggested that supports should be made available in northern communities at schools, as teenagers are likely to get peer pressure from either friends or family. She said that the most valuable information would be to understand the full side effects of cannabis, including addiction factors. This participant stressed the need for information to be available at schools and she said that she does not think that these resources are reaching Inuit communities.

## Montreal

We interviewed three people in their mid-twenties from Montreal. One participant said that people their age, between 25 and 30 years old, use cannabis and another said she specifically had more experience with women in younger age groups. They all stated that most people try cannabis for the first time in their youth, with one participant stating they were 12 years old the first time.

*"From a really young age. It was common when I was in high school. I smoked a lot with my Inuit friends but not with my white friends. It was in high school. I was 12 when I started. 12-14 years."*

Respondents shared similar reasons for why people start to use cannabis, with the most common answers being to experiment or to relax and get away from their lives.

*"[I have an] Inuk friend who is a mother; she smoked a lot when she was fighting with her mother."*

Since legalization, many people in Montreal access cannabis through stores or online. Two respondents also indicated that most people approach unlicensed sellers while the other was unsure about this. Since it was legalized, the biggest change in the community is that people go to stores instead of unlicensed sellers and there is less crime as people are no longer getting arrested for possession of cannabis. People are also more open about discussing cannabis use. However, they do not discuss cannabis outside of their social circles and the conversation is not very focussed, rather it is more of a bonding experience with friends.

Participants cited health concerns as a major harm of cannabis specifically discussing lung damage and cognitive impairments, with a focus on developmental delays for people who smoke at a young age. All participants stated that the benefits are primarily to ease anxiety or relax, and the ability to socialize. None of the participants know or are around Elders so they were unable to give an answer on what Elders think about cannabis use in the community.

These participants said that mixing cannabis with other substances is common and that it is usually with alcohol. When asked if there are any programs or information about responsible cannabis use, all participants said no. One person stated that when they were in Iqaluit, they saw more information about alcohol or cannabis but nothing in Montreal. Two participants stated that any potential information they might have seen would have been when they were in school, but they were unable to recall specific information. If the participants had questions about using cannabis safely, two stated that they would go to a friend who has more experience with it instead of going to an organization. The other participant stated that she would prefer to go to an organization for youth or Indigenous people and shared that there is a lack of these types of organizations in Montreal, especially Inuit organizations.

When asked about the risk of cannabis use to pregnant mothers, one person said they consider it risky, but that it might help with nausea and appetite. Another expressed a similar sentiment stating that it is a complicated question and that they know mothers who smoke while pregnant. All stated that cannabis use while breastfeeding is harmful, and it gets passed through the milk to the baby. These participants believed that there needs to be more support available within existing organizations and schools, specifically in educating people on the health consequences of cannabis use.

The last question we asked these participants was "what advice would you give your little brother or sister, or child about cannabis?". They stated that they would prefer that they would not use it too young and that they would prefer to be involved and informed that the child was using so that they are able to protect them from harm and monitor dosage.

## Nunavik Region

We completed two interviews in Nunavik with women who were 18 and 26. There were challenges in fully understanding the dialect of one of the participants. Cannabis use is common with Inuit who are 16-30. Youth begin experimenting with cannabis between 16 and 17. Participants felt the reasons for use include: peer pressure and to cope with past trauma. Youth primarily access cannabis through unlicensed sellers in the community, while adults purchase through online sources. Since legalization of

cannabis, cocaine has become a substantial part of the drug market in Nunavik communities. Previously, people would smoke cannabis and now they have moved to cocaine. Nonetheless, people are seen smoking cannabis openly in the community.

One of the participants felt that cannabis does a lot of harm for youth and yet people do not talk enough about it. This participant felt that:

*"It is unsafe for their developing minds."*

Both participants said that using cannabis is perceived to be risky during pregnancy and yet it is still condoned in some communities. Women who use cannabis during their pregnancy will not openly talk about it for fear of the judgement and stigma. There was no knowledge of the effect of cannabis use on breastfeeding. The perceived benefits of cannabis include the absence of hangovers (somebody posted this on social media) and relaxation.

There are events about substance use at the schools for teenagers that happen from time to time. Pregnant women in most communities have access to Babies and Bellies, which is a program that supports healthy pregnancies and healthy babies. The best places to access information about cannabis would be the hospital or through the counsellors at the schools. There is a treatment centre, but it seems to be mostly for people with alcohol problems rather than cannabis addiction.

Messages to discourage cannabis use among youth could include, do not take it until you are of legal age, do not use until your brain is fully developed and buy a safer product from the government rather than local unlicensed sellers.

### **Inuvialuit Settlement Region**

We completed five interviews with people from the Inuvialuit Settlement Region and the participants ranged from 20 to 35 years old. These participants provided a broad range of answers for what age group uses cannabis starting from 14 years old and ending at 50 years old. They stated that most people start using cannabis in their teen years, with one person suggesting that people start as young as nine years old. Most participants said that people try cannabis to cope and for recreational use. All the participants said that cannabis is accessed through an unlicensed seller or online. Since legalization, the attitude around cannabis has become more relaxed.

There was a range of answers when we asked about the harms of cannabis use, with each participant suggesting a different harm. These included:

- Violence
- Financial burdens
- Laziness
- Cognitive impairment

The benefits of cannabis included medical benefits and productivity.

*"Personally, I think it makes me a better mother. I'm not saying I'm angry or upset or I'm a bad mom. It helps me function. There are days, that I would sit on my couch all day doing absolutely nothing [then] pick up my bong and have a few puffs I would start picking things up and cooking and cleaning. [It makes me] more productive."*

Most of the participants were unsure of Elders' opinions on cannabis use. One person stated that Elders say that cannabis is not part of their culture.

When asked if cannabis is mixed with other substances, a few people stated that people use alcohol with it and a few stated that cocaine is used.

Most people do not discuss cannabis within the community. One person said that when it was legalized people spoke about it, but now there is no stigma anymore. Another participant shared that before COVID-19, there were cannabis-specific workshops. Most participants were unaware of other programs or information available, but they stated that they remembered resources in schools. These participants stated that they would either access information on how to use cannabis safely through the internet or through a public health unit.

When asked about the risk of cannabis use to pregnant mothers, the responses were split. Some say it could sometimes be safe for pregnant women to use cannabis while others definitively stated that it was a risk. Regarding cannabis use for breastfeeding mothers, the participants said that they personally do not think it is safe, but that women have questions about it. One person said it depends on the reason for using since some people use cannabis as medication.

When asked what kind of support should be available, most people did not have an answer. One person stated that resources should be available at schools, the library, at counselling sessions and the band office. Another stated more generally that it should be in public spaces, for example the post office or health centre. The kind of information they would like to see surrounds responsible use such as:

- When it is safe to use (e.g., pregnancy)
- What the effects on the brain are
- What the side effects of being high are

The last question we asked these participants was "what advice would you give your little brother or sister, or child about cannabis?". Most participants said they would prefer the child to wait until they are old enough to use cannabis and would want them to be educated on the harms.

## **Qikiqtaaluk/Baffin Region**

We completed four interviews with the participants ranging in age from 20 to 29 years old in the Baffin Region. These participants provided a range of answers for what age group uses cannabis starting at 13 years old up to 45 years old. One person stated that more men use cannabis, but women frequently use it as well. They stated that most people start using cannabis in their teen years. Most participants said that people try cannabis to experiment or due to peer pressure.



***"I think it is peer pressure and curiosity; there are lots of Inuit homes that use cannabis; they see them using it and then want to as well"***

All the participants said that cannabis is accessed through unlicensed sellers or online. Since legalization, the main thing that has changed is that cannabis is now cheaper than it was before. One participant stated that people are more knowledgeable about cannabis and second-hand smoke.

Some of the participants were unsure of what community members think the harms of cannabis are. Others stated that mental illness was the common harm discussed. When discussing the benefits people spoke of destressing with cannabis or using it as medication for arthritis.

Overall, the participants said that Elders do not approve of cannabis and some pointed out the financial impact is a big reason Elders do not like cannabis in their community.

***"For my mom, she thinks it's too easy now – easy to access. She isn't comfortable with it, but she's on income support, and my little brother smokes it, and she isn't happy with it because she can't afford to keep feeding his addiction. She relies on me heavily to support her and buy food because her money doesn't last long with my little brother smoking constantly."***

When asked if cannabis is mixed with other substances, a few people stated that alcohol is used with it and others said different substances like cocaine, mushrooms, speed and shatter are used with it.

The participants said that when people talk about cannabis, they speak about where to get it and what the effects are. The participants here generally knew about resources and programs which speak about responsible use of cannabis. Most stated that the Government of Nunavut (GN) is active with posting resources on Facebook. Another participant provided more detailed information, in the quote below:

***"I know that the National Inuit Youth Council, they did a bunch of poster information about smoking cannabis and ensuring not to share bongs because of the risk of spreading TB."***

This participant stated that to make these supports better, there should be a focus on explaining how TB can be passed through bongs, pipes, and joints as well as how to keep yourself safe while using cannabis, especially when considering the risk of transmitting COVID-19. When asked where people would go if they had questions on using cannabis safely, most said that they would either use Google or talk to their friends and people who have used cannabis.

When asked about the risk of cannabis use to pregnant mothers, most people said it was risky, but that it is not as harmful as cigarettes or alcohol. Regarding cannabis use for breastfeeding mothers, the participants said that they do not think it is safe. One participant expressed ideas on how the community could be supported, outlined in the following quote:

*"I think there should be more education targeted at youth, Inuit specific and culturally competent in a safe space. Because of COVID the youth centre can only have 50% participants of the usual number. It would be helpful to get community champions, mini celebrities; talking very frankly; not clinical; information would be respected more and taken more accepted; someone you can relate to."*

The last question we asked these participants was “what advice would you give your little brother or sister, or child about cannabis?”. Most participants said that they would inform them that there are high financial impacts and that they would not like the child to use it young. Other participants spoke about the possibility of dependency and would urge the child to be educated and use cannabis safely if they do use it.

## Conclusion and Next Steps

As we conclude the research phase of the *Cannabis in Our Communities* project, there are several key learnings and findings, that will guide the creation and distribution of culturally appropriate resources moving forward.

The following chart represents recurring key learnings found throughout the online survey, focus groups, interviews and environmental scan.

Key Learning/Finding	Recommendation(s) <i>Recommendations are either for the short/medium-term (2-5 years), long-term (6-10 years), or are specifically related to content development and messaging.</i>
<b>GENERAL</b>	
Cannabis is commonly used in the communities and regions surveyed, especially amongst youth.	<p><b>Short/medium-term:</b></p> <ul style="list-style-type: none"> <li>Acknowledge the common usage of cannabis among Inuit by creating resources focusing on harm reduction rather than an abstinence approach.</li> <li>Tap into the expertise of youth, expectant/new parents, and people with lived experience (i.e., cannabis users) when developing resources so the resources are relevant and accurate. This could be in the form of an Advisory Group.</li> </ul> <p><b>Long-term:</b> Develop relevant and accurate resources on cannabis (safe use guides, health effects, legalization background, cannabis laws, pros and cons of using different strains, curriculum for schools).</p>
<p>The benefits and harms of cannabis are not widely understood, aside from those that are personally experienced or witnessed by participants.</p> <p>Benefits of cannabis were better understood than harms, with a collective understanding of its relaxing effects and medical effects like managing arthritis, pain and nausea.</p>	<p><b>Content development/messaging:</b></p> <ul style="list-style-type: none"> <li>Resources need to include content about evidence-based harms of cannabis using specific anecdotes to tell stories of people in the community that can illustrate the harms.</li> <li>Acknowledge and integrate the proven benefits of cannabis as new evidence is developed into resources.</li> <li>Balance messages about the potential benefits of cannabis with harm reduction strategies to improve safety.</li> </ul>
Cannabis is obtained or purchased through people in the community (unlicensed sellers, friends, family), online and through cannabis stores (where they are available). It can be difficult for Inuit without credit or debit cards to access cannabis through online sources.	<p><b>Content development/messaging:</b> Create messages about the importance of accessing a safe supply of cannabis to reduce harms if a person chooses to use cannabis.</p>
Many people use cannabis and alcohol or other drugs at the same time. Many of the participants believe that cannabis is safer than alcohol.	<p><b>Content development/messaging:</b></p> <ul style="list-style-type: none"> <li>In developing resources, acknowledge that cannabis is often used with other substances like alcohol, cocaine, and tobacco.</li> </ul>

	<ul style="list-style-type: none"> <li>Create harm reduction messages about the harms of using cannabis while using alcohol, cocaine and tobacco (incorporating considerations for drug interactions).</li> </ul>
There is some comfort in talking to younger family members about delaying cannabis use and reducing harm.	<b>Long-term:</b> Utilize family and friendship networks by developing resources that are easily shareable among family and friends (i.e., how to talk to your kids about cannabis, kitchen table conversation guide etc.)
Many people are unaware of resources and services in their community and believe that there is a need for education. Most people get their information about cannabis from the internet or social media, but also turn to health care providers, friends/family and resource centres.	<b>Short/medium-term:</b> <ul style="list-style-type: none"> <li>Make sure that all resources are accessible and prominent online and throughout social media networks including Facebook, Instagram, Snapchat, Twitter and Chatterbox.</li> <li>It is important to make sure that online resources are also available in person and are promoted in prominent community establishments where Inuit access services (especially due to limited internet bandwidth in certain communities).</li> </ul>
New cannabis supports should have broad reach and regional cultural relevance.	<b>Short/medium-term:</b> Consider branded social media and website for cannabis that can have broad appeal throughout Inuit Nunangat.  <b>Long-term:</b> Promote regional support groups, mental health/addiction counselling and on-the-land programs to facilitate recovery.
<b>YOUTH</b>	
Participants mentioned that cannabis use begins in the teen years because they want to experiment with something new, relieve boredom, fit in with peers, cope with stress and trauma and have fun.	<b>Short/medium-term:</b> <ul style="list-style-type: none"> <li>Implement experiential, interactive cannabis education programs that target young teens where they live, learn and play.</li> <li>Integrate health education messages about cannabis into on-the-land programs that connect youth to their Inuit culture and traditions.</li> </ul> <b>Long-term:</b> <ul style="list-style-type: none"> <li>Invest in youth recreation and mental health programs.</li> <li>Develop curriculum/learning tools to use in classrooms and distribute in schools.</li> </ul>
Youth respect their Elders/seniors and yet their Elders/seniors disapprove of cannabis use.	<b>Content development/messaging:</b> Integrate Inuit Societal Values into resources and educational materials translated into the appropriate dialect.  <b>Short/medium-term:</b> Provide the space for dialogue between Elders/seniors and youth to share their cannabis concerns and perceptions to bridge the gap of misunderstandings. This could be a component of an on-the-land program or at a healing centre. There would need to be a facilitator or translated resource to assist with cannabis knowledge transfer.

## PREGNANT/BREASTFEEDING WOMEN

Many believe that using cannabis during pregnancy and breastfeeding is risky, but do not know why. Pregnant women are well informed about the risks of alcohol on the fetus and tend to believe that cannabis use is safer than alcohol.

There is a lack of awareness about resources or programs on cannabis specifically for pregnant women, their partners and their families

### Content development/messaging:

- Apply the lessons from FASD (Fetal Alcohol Spectrum Disorder) resources to the creation of cannabis resources for pregnant and breastfeeding women, their partners and families.
- Consider cannabis as a harm reduction tool for those with substance addictions.

**Long-term:** Distribute resources at facilities and programs that target pregnant and new parents (e.g., Canadian Prenatal Nutrition Program, Public Health, health centres).

## A note on messaging and content development

Several themes and findings relate to the type of content and messaging for new resources. We would recommend developing targeted key messages and images based on the findings in this report and then testing them with the community and/or an established Advisory Group before finalizing resources.

### Key facts to inform resource generation:

- Cannabis is seen as the preferred substance to use over alcohol
- Inuit experience benefits from cannabis including coping with trauma, stress, and arthritis
- Cannabis use is a normalized behaviour, according to participants, so if they talk to their friends and family about cannabis it is more focused on practical aspects like who is selling it, the different strains, and the legalities rather than reducing harm or getting support.

### Messaging themes for content development:

- How to be safe when choosing to use cannabis (e.g., go low and go slow)
- Integrate known harms and benefits of cannabis. Use these messages to suggest harm reduction tools and tips for cannabis users, including pros and cons of different strains, dosing of THC and CBD and cannabis laws.
- Importance of accessing a safe supply of cannabis to reduce harms from cannabis use. *Note: This is likely more of a secondary message and should differ according to region (North/South/urban vs. rural)*
- Integrate Inuit Societal Values and Inuit imagery into resources and educational materials

## Next Steps

We will continue to work with all the community feedback that we received during the research phase of this project, to develop culturally appropriate and relevant supports for communities in need. Subsequent phases of the project will be guided by the following objectives:

1. To create resources addressing the needs and gaps identified during the research phase. The information and resources created will be shared with individuals and service providers across Inuit Nunangat and urban centres with high Inuit populations to equip and empower Inuit to make healthy and informed decisions about cannabis use.
2. Finally, the plan is to revisit communities and urban centres and engage with individuals to evaluate the impact of the created resources on behaviour change and determine how Pauktuutit can continue to support Inuit around cannabis.





















## Appendix 2: Pre-Screening Questions

Screening Questions for Cannabis in Our Communities: A Focus on Inuit Youth and Maternal Health and Well-being

### What is this Project about?

Pauktuutit hopes to learn about the attitudes, beliefs and knowledge surrounding cannabis and its use in communities across Inuit Nunangat as well as among urban Inuit.

### Who is conducting this Project?

This project is being conducted by Pauktuutit Inuit Women of Canada with funding from Health Canada.

### Why are we interested in this subject?

The project is looking at knowledge and practices surrounding cannabis use among Inuit youth and expecting parents and this information will help to adapt or create resources to better support Inuit with reducing any potential harms related to cannabis use.

### Who do we want to participate in the interviews?

As mentioned earlier, Pauktuutit wants to seek information from a certain group of people. Please answer the following questions to determine if you fit within the target population for this interview:

Screening Question	Answer	Next action
1. Do you identify as Inuit?		If "yes" go to question 2  If "no" thank them for their help but inform them they do not qualify for the interview
2. What is your age?		If falls between 18-29 years go to question 3  If "no" thank them for their help but inform them they do not qualify for the interview
3. Are you or your partner pregnant or trying to get pregnant?		If "yes" go to question 5  If "no" go to question 4
4. Have you or your partner recently had a baby?		If "yes" go to question 5  If "no" thank them for their help but inform them they do not qualify for the interview
5. Are you willing and able to talk on the phone for 30 minutes about cannabis?		If "yes" go to question 6 & 7  If "no" thank them for their help but inform them they do not qualify for the interview
6. What is your name?		
7. What is your phone number?		

## Appendix 3: Consent Form

Interview Consent Form for Cannabis in Our Communities: A Focus on Inuit Youth and Maternal Health and Well-being

### What is this Project about?

Pauktuutit hopes to learn about the attitudes, beliefs and knowledge surrounding cannabis and its use in communities across Inuit Nunangat as well as among urban Inuit.

### Who is conducting this Project?

This project is being conducted by Pauktuutit Inuit Women of Canada with funding from Health Canada.

### Why are we interested in this subject?

The project is looking at knowledge and practices surrounding cannabis use among Inuit youth and expecting parents and this information will help to adapt or create resources to better support Inuit with reducing any potential harms related to cannabis use.

### What will I have to do?

We are asking volunteers to participate in informal discussions on the topics of cannabis and the knowledge, attitudes and beliefs that Inuit in your community have about it. We encourage participants to share their own knowledge, beliefs and experiences on these topics if they wish. If there is a question you do not feel comfortable responding to or talking about, do not feel you have to respond.

### What are the risks to me if I participate?

We will ask some questions about cannabis habits, but we ask that you only share what you feel comfortable discussing. This is a sensitive subject for many people. Please remember it is your choice to participate or not, and you may decide to leave at any point. If you leave the study, be aware that your input cannot be removed. You will still not be identified in any way in the results.

### Compensation

Respecting your time and contribution to the project, all participants will receive \$50 VISA gift card. This will be mailed to you by Canada Post.

### Confidentiality

Notes may also be taken by the facilitators to record some of your responses. These notes will not contain any personal identifying information. Any final reports from this project may mention the community in which the discussion occurred, so long as it does not threaten to reveal your identity.

### Storage of Data

The information collected today will be stored on a secure network at Pauktuutit Inuit Women of Canada in Ottawa, Ontario for a period of up to 7 years. This data will contain no information that can identify you as a participant. Our research partner will have access to this data up until the completion

of our final report. The information collected during these interviews will be stored in a location separate from this consent form that contains your name and signature.

If you have any questions about this project, please contact:

Chelsea Giesel

Project Coordinator

Pauktuutit Inuit Women of Canada

520 – 1 Nicholas Street, Ottawa, ON, K1N 7B7

phone: 613-238-3977 ext. 262

email: [cgiesel@pauktuutit.ca](mailto:cgiesel@pauktuutit.ca)

### **Consent**

If you do not understand a part of this consent form or any part of this study, please ask questions before signing this form. We will be happy to answer all questions.

By signing your name on this page, you agree that you have read and understand what is written and are willing to participate. Remember, even after you sign your name on this page, you can quit this session at any time.

I have read the above information and I agree to be part of this study.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's printed name: \_\_\_\_\_

## Appendix 4: Interview Guide

### PIWC (Pauktuutit Inuit Women of Canada) Phase 1 Interview Template

Date:

Telephone: 1-866-261-6767 participant code: 41438709

Facilitators:

Passed screening:

Verbal consent received:

### General info

1. From your perspective, is cannabis often used within this community?
2. What age group and gender use it?
3. From your knowledge, at what age did people you know first try cannabis?
4. Why do you think they try it?
5. How is cannabis accessed?
6. Has anything changed in the community since cannabis became legal a year and a half ago?

### Perceptions of cannabis

7. What do community members think the harms are of cannabis?
8. What do community members think are the benefits?
9. What do the Elders think about cannabis in the community?
10. Do people ever use cannabis and alcohol or other drugs at the same time?
  - a. What other substances do they use and how common is it?

### Communication, information and support

11. Do people ever talk about cannabis?
  - a. If no: Why not?
  - b. If yes: What do they talk about?
12. Are there any programs or information in the community about responsible use of cannabis? For example, to help people who want to quit or know more about who should or shouldn't use it, how to use it safely, etc.?
  - a. What programs or resources are there?
  - b. What messages do they have?
  - c. Do people use these resources? Why or why not?
  - d. What could make these supports better?
13. If you have questions about how to use cannabis safely, who or where would you go to ask?

### Pregnant women

14. What do people think about pregnant women using cannabis? Is it considered safe or risky?
  - a. Do people think using cannabis is safer for a pregnant woman than drinking alcohol?
15. What about breastfeeding moms?
16. Are there any programs or resources for pregnant women, their partners and their families to learn about cannabis use?

## Support and advice

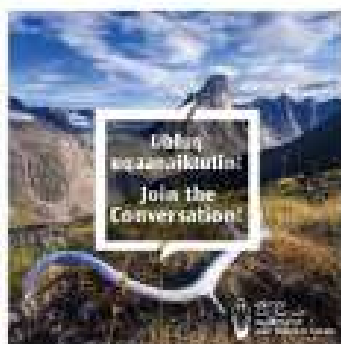
17. What kind of supports or help should be available and where should it be made available?
18. What kind of information do you think would be helpful to know about safe use of cannabis?
19. What advice would you give your little brother or sister, or your child about cannabis?
20. Is there anything else we should know (or ask – anything else you would like to tell us about)?

## Appendix 5: Promotional Material

### Video



### Social Media Posts

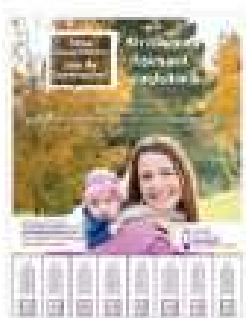




## Posters



Standard Poster - English



Standard Poster - Inuktitut



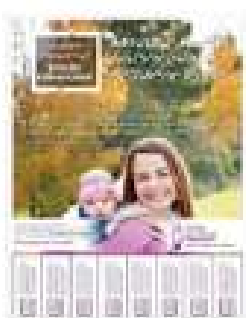
Inuktitut Settlement Poster - English



Inuktitut Settlement Poster - Inuktitut



Standard Poster - English



Standard Poster - Inuktitut



Settlement Poster - English



Settlement Poster - Inuktitut

## Radio Script



### Radio Script for Canada in Our Communities: A Focus on Youth and Maternal Health and Well-being

#### Introduction

Thank you for helping us promote the Canadian experience in your community. We have developed an English radio script with the key messages that we feel will help to reach people in your community for the interview. We would appreciate you translating the script into the language and dialect that is best for your community. Please arrange to interview this on your community radio between September 11 and October 10, 2020.

#### Script

Radio and your meeting is optional.

You probably know that Canada is known for high immigration and yet there are few educational programs aimed at them. (Optional script to hear from you if you are)

- If you are a parent/guardian who is 18 or older, or
- Anyone 18-20

We will talk with you by confidential and private interview. Translation can be arranged.

You will be given a \$50 VISA gift card for your time if you are one of the first 10 participants.

If you are interested, please message us Facebook or Instagram, email Crystal at [crystal@inuitwomen.ca](mailto:crystal@inuitwomen.ca) or phone us on Crystal at 1-813-594-1120.

Please feel free to let others in the community know about the opportunity.

Thank you.